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FROM : Winston Hsu, PATENT AGENT, REG. NO. : 41,526

SUBJECT: SERIAL NO. : 09/682,054

RESPONSE TO ADVISORY ACTION MAILED ON 01/02/2004

TOTAL PAGES: 8 PAGES (INCLUDING COVER PAGE)

The hardcopy of this response will be sent to USPTO by Federal Express
right away.

Winston Hsu 2004/01/30

PTO/SB/87 (08-02)

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APPLICATION NUMBER: 09/682,064**PAPERS INCLUDED:**

- | | |
|---|---------|
| (1) Transmittal Form | 1 PAGE |
| (2) Fee Transmittal | 1 PAGE |
| (3) Response to the Office Action and the Advisory Action | 4 PAGES |

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PTO/SB/21 (08-03)

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TRANSMITTAL FORM	
(To be used for all correspondence after October 2001)	
Total Number of Pages in This Submission	6
Application Number	09/682,054
Filing Date	07/16/2001
First Named Inventor	Chih-Ning Wu
Art Unit	1765
Examiner Name	Lomez Erkinti, Lynette T
Attorney Docket Number	NALP0374USA

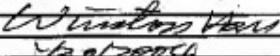
ENCLOSURES (Check off that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavit(s)/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Responses to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

Response to the office action dated 09/23/2003 and the Advisory action dated 01/2/2004 has been sent to the examiner by fax on 01/20/2004.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name	Winston Heu, Reg. No.: 41,526
Signature	
Date	7-20-2004

CERTIFICATE OF TRANSMISSION/MAILING

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PTO/SB/17 (0-23)

Approved for use through 07/31/2008. GMB 0581-0282
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FEE TRANSMITTAL

for FY 2004

Effective 10/01/2003. Patent fees are subject to annual review.

 Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 110.00)

METHOD OF PAYMENT (check all that apply)

- Check Credit card Money Order Other None
- Deposit Account

50-0801

Account Number
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Name: North America International Patent Office

- The Director is authorized to: (check all that apply)
- Charge fee(s) indicated below Credit any overpayment(s)
- Change any additional fees(s) or any underpayment of fees
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Code (\$)	Description	Fee Paid
1001 770	2001 366	Utility filing fee	
1002 346	2002 170	Design filing fee	
1005 650	2003 285	Plant filing fee	
1004 770	2004 386	Reissue filing fee	
1003 100	2003 50	Provisional filing fee	
SUBTOTAL (1) (\$)			110.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee Paid
	-20* =	X
	-3** =	X
	Multiple Dependent	

Large Entity	Small Entity	Fee Description	Fee Paid
		Fee Code (\$)	Fee Paid
		Code (\$)	
1202 10	2202 9	Claims in excess of 20	
1201 06	2301 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim(s). If non paid	
1204 85	2304 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			0.00

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) **110.00**

**Reduced by Basic Filing Fee Paid

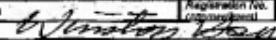
SUBTOTAL (3) (\$) **110.00**

Other fee (Specify)

(Complete if applicable)

Registration No. 41,528

Telephone 800/282/237350

Signature 

Date 1/30/2004

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